

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District RAB  
Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)	Soil Test No:	County Permit No: <u>17-0364</u>
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Property Owner's Name: <u>Kenneth Abernathy Jr. For the Girls LLC</u>	County: <u>Bayfield</u>
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Address of Property: <u>45355 Marsh Lane Cable WI 54821</u>	Property Location: <u>1 1/4 S 4 T 43 N R 6 E (or) W</u>
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Property Owner's Mailing Address: <u>P.O. Box 171</u>	Township: <u>Namakagon</u>	Gov. Lot #: <u>9</u>
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City, State: <u>Cable WI</u>	Zip Code: <u>54821</u>	Phone Number: <u>(715) 798-4418</u>	Lot #: <u>2</u>	Block #: _____	Subdivision Name or CSM #: <u>1551 V.9, P.183</u>
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<b>II. TYPE OF BUILDING: (Check One)</b> <input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____	Parcel ID <u>34604</u> Tax Number(s): <u>04-034-2-43-06-04-4 05-005-01120</u>
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**III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)**

A) <input checked="" type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> County Private Interceptor	
<input type="checkbox"/> Reconnection	<input type="checkbox"/> Repair	<input type="checkbox"/> Revision	<input type="checkbox"/> Transfer of Owner (List Previous Owner below)

B) <input type="checkbox"/>	A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____
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**IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) \* Replacements need previous permit number and date filled out above**

C) <input type="checkbox"/> Pit Privy	<input checked="" type="checkbox"/> Vault Privy	(Vault size: <u>500</u> gallons or _____ cubic yards)
<input type="checkbox"/> Portable Privy	<input type="checkbox"/> Camping Transfer Unit Container	<input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet

**V. ABSORPTION SYSTEM INFORMATION:**

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
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VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1	0	500	1	Wieser	✓					
Lift Pump Tank / Siphon Chamber											

**VII. RESPONSIBILITY STATEMENT:**

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

<b>Owner's Name(s):</b> (Print) If applying for Section C above <u>Kenneth Abernathy Jr.</u>	<b>Owner's Signature(s):</b> (No Stamps) 
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<b>Plumber's Name:</b> (Print) If applying for Section A or B above <u>Travis Butterfield</u>	<b>Plumber's Signature:</b> (No Stamps) 	<b>MR/MPRSW No:</b> _____
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<b>Plumber's Address:</b> (Street, City State, Zip Code) _____	<b>Home Phone:</b> _____	<b>Business Phone:</b> _____
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**VIII. COUNTY / DEPARTMENT USE ONLY**

<input checked="" type="checkbox"/> Approved <u>9/8/2017</u>	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	<b>Sanitary Permit/Transfer Fee:</b> <u>\$150 8-24-17</u>	<b>Date Issued:</b> <u>9-11-17</u>	<b>Issuing Agent's Signature / Date:</b>  <u>1085929 9/11/2017</u>
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**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

Must maintain system with licensed septic company

Rec'd for Issuance  
  
SEP 11 2017  
  
Secretarial Staff

Plot Plan on reverse side

See attachment

120' to well  
 145' to residence  
 ≈ 300' to  $\frac{1}{4}$  easement road  
 800'+ to N. property line  
 900' to S. property line  
 600' to mapped wetland  
 500' to west property line  
 1200'+ to OHWM (Lake Namekagon)

← Name of Frontage Road ( ) →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT  
 DETAILED PLOT PLAN  
 IS NECESSARY, FOLLOW  
 STEPS 1-7 (a-o) COMPLETELY**

- |   |   |
|---|---|
| a. Building to all lot lines                            | i. Privy to building                          |
| b. Building to centerline of road                       | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond              | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic/holding tank to building                      | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                            |   |

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

wn, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – X  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0364** Issued To: **For the Girls LLC / Kenneth Abernathy, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **4** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **1551**

For: **Residential Other: [ Vaulted Privy (500 Gallon) ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must maintain system with licensed septic company.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found  
to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**September 11, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
Date Stamp (Received)  
FEB 15 2017  
Bayfield Co. Zoning Dept.

ENTERED Permit #:  
Date: 17-0368  
Amount Paid: 9-13-17  
Refund: \$175 2-15-17

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Mailing Address:		City/State/Zip:		Telephone:			
Todd Newbold		1634 Janet St		60515				
Address of Property:		City/State/Zip:		Cell Phone:				
45830 County Hwy D		Munellagon WI 54891		630-921-2608				
Contractor:		Contractor Phone:		Plumber:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Emily Hanthay		715-464-4575		2006x130 Drummond WI		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
2 1/4, 2 1/4		Gov't Lot 1		Lot(s) 4x5		CSM 519		
Section 02, Township 43D N, Range 06W		Town of: Munellagon		Lot Size		Acreage 12.7		
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: 182 feet		<input type="checkbox"/> Is Property in Floodplain Zone? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Are Wetlands Present? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 150,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Xwell
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X Sanitary (exists) Specify Type: ST	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Sheet Pile	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: 28	Width: 24	Height: 18
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>	with a Deck	( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
Rec'd for Issuance	<input checked="" type="checkbox"/>	Special Use: (explain) 45830 Street fronted	( 28 x 24 )	672
SFP 13 2017	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

Section 14.04 FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(if there are Multiple Owners listed on the Deed All owners must sign letters(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 2/8/17  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 1036x130 Drummond WI 54891  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Draw or Sketch your Property (regardless of what you are applying for)
- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):

See Attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	135 Feet	Setback from the Lake (ordinary high-water mark)	185 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	~ Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	~ Feet
Setback from the South Lot Line	197 Feet	Setback from Wetland	None Feet
Setback from the West Lot Line	Lake Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1680 Feet	Elevation of Floodplain	~ Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	25 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	220 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

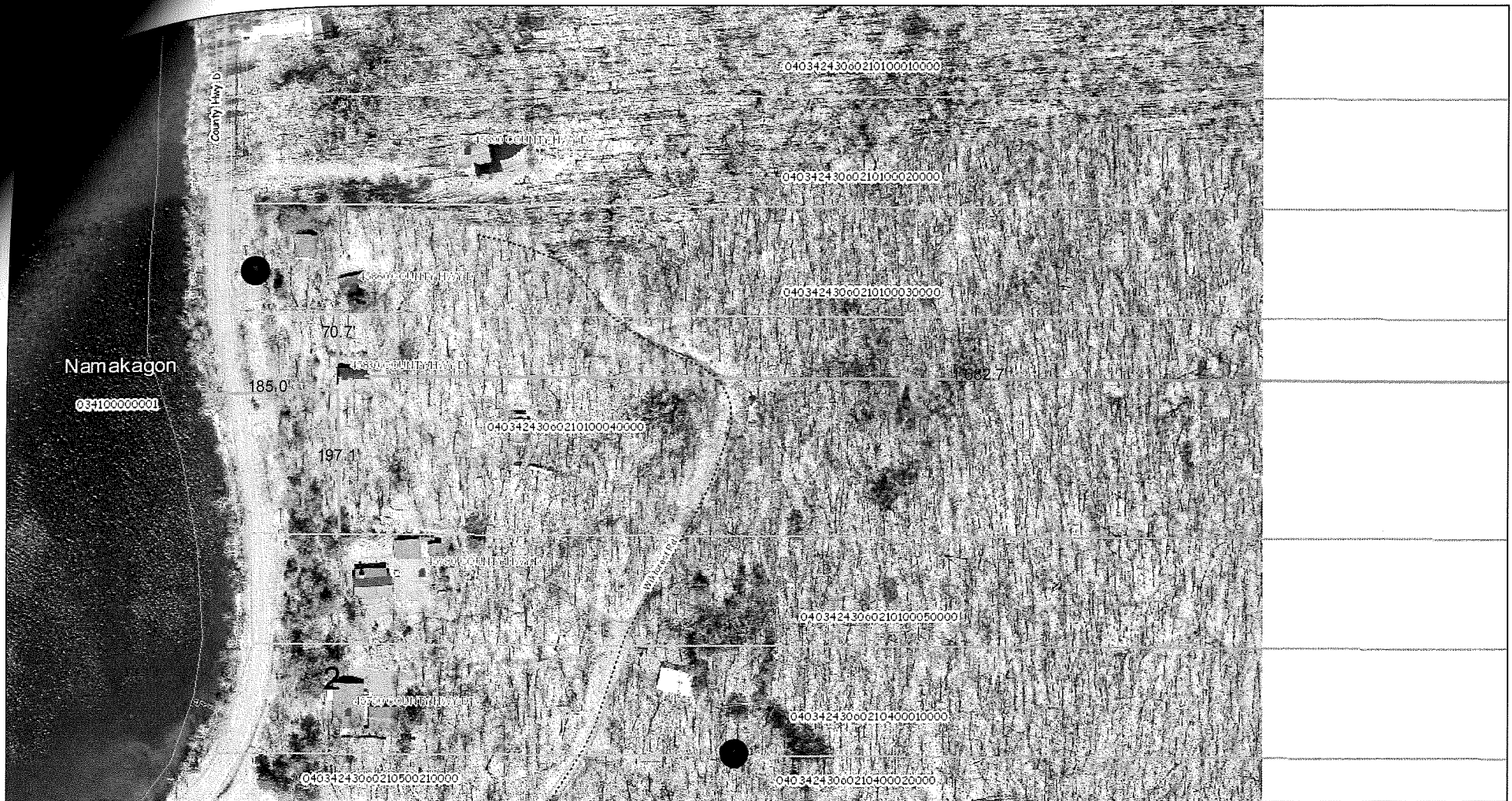
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 203782	# of bedrooms: 2	Sanitary Date: 3/22/94		
Permit Denied (Date):		Reason for Denial:				
Permit #: 170368		Permit Date: 9-13-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #: NA	Case #: NA			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: 2 Bedroom Septic System Regularly Maintained. Garage is still - garage (see photo). Property well kept. O & B issued permits		Zoning District (R1)				
Date of Inspection: 9/12/2017		Inspected by: Robert Scherman		Date of Re-inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Must limit occupancy to no more than six (6) individuals unless Septic system is enlarged to accommodate for increase in flow.				
Signature of Inspector: [Signature]		Date of Approval: 9/13/2018				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		



# Bayfield County Web AppBuilder

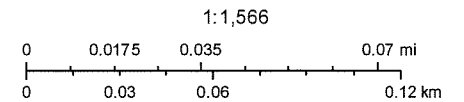


September 13, 2017

- Buildings
- Corner Tie Sheets**
  - Section Corner Monument on File
  - Section Corner Monument Referenced on Survey
- Survey Maps**
  - UnRecorded Map

- Recorded Map**
- All Roads**
  - CFR
  - County
  - Federal
  - Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Lines

- Tie Lines
- Rivers
- Douglas Co Parcels
- Ashland Co Parcels



City, Village, State or Federal  
May Also Be Required

USE – X  
SANITARY – 207782  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0368** Issued To: **Todd & Caron Niewold / Craig Manthey, Agent**

**2 par in**  
Location: **NE**  $\frac{1}{4}$  of **NE**  $\frac{1}{4}$  Section **2** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [ 1.5 - Story; 1 – Unit; Short-term Rental (28' x 24') = 672 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Must limit occupancy to no more than six (6) individuals unless septic system is enlarged to accommodate for increase in flow. No other structures or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short-term vacation rental permit is terminated. This includes but is not limited to travel trailers, motorhomes, tents, tent campers, and house boats.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**September 13, 2017**

Date